

# Local Learning Written Release Form

**Person Interviewd (print name)** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone (     )** \_\_\_\_\_ **Email** \_\_\_\_\_

**Place of Interview** \_\_\_\_\_ **Interview Date** \_\_\_\_\_

**Name of Interviewer (print)** \_\_\_\_\_

**Interviewer's School** \_\_\_\_\_

I understand that this interview and any photographs and audio or video recording are part of an education project at the school named above. I give permission for the following (check all that apply):

- ☐ May be included in an educational nonprofit presentation, publication, or web site
- ☐ May include my name and image
- ☐ May be used but DO NOT include my **name**
- ☐ May be used but DO NOT include my **image**

\_\_\_\_\_  
Signature of Interviewee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if  
Interviewee is a Minor

\_\_\_\_\_  
Date

## Oral Release Form

Record this statement at the beginning of an audio or video recording of an interview.

This is (Name of Interviewer) of (Name of School) in (Town and State) on (Date). I am interviewing and recording (Name of Interviewee).

Do you understand that portions of this interview may be quoted or used in a presentation or publication for educational purposes? (Interviewee responds yes or no.)